

# STATE OF CALIFORNIA – DEPARTMENT OF INDUSTRIAL RELATIONS

TO: California Department of Industrial Relations  
Division of Apprenticeship Standards  
P.O. Box 420603  
San Francisco, CA 94142

AWARDING AGENCY ID NUMBER

If you do not have an ID number please contact DAS

FROM:

## EXTRACT OF PUBLIC WORKS CONTRACT AWARD

**A CONTRACT TO PERFORM PUBLIC WORKS UNDER LABOR CODE SECTION 1777.5 HAS BEEN AWARDED TO:**

1. NAME OF GENERAL CONTRACTOR			2. CONTRACTOR'S LICENSE NO	
3. MAILING ADDRESS (STREET NUMBER OR P.O. BOX)		4. CITY		
		5. ZIP CODE	6. TELEPHONE NUMBER	
7. GENERAL CONTRACTOR'S CONTACT EMAIL ADDRESS		8. ADDRESS/LOCATION OF PUBLIC WORKS SITE (INCLUDE CITY AND COUNTY):		
9. NAME OF PROJECT		8a. County		
10. CONTRACT NUMBER	11. PROJECT NUMBER	12. DOLLAR AMOUNT OF CONTRACT AWARD		
13. FIRST ADVERTISED BID DATE MONTH DAY YEAR	14. CONTRACT AWARD DATE MONTH DAY YEAR	12a. ESTIMATED TOTAL PROJECT COSTS, IF DIFFERENT FROM ITEM 12 (see instructions).		
		15. WHICH STATUTE, IF ANY, APPLIES TO THIS PROJECT?		
16. STATE CONSTRUCTION BONDS YES NO If YES, List the Sources and Dollar Amount of Bond Proceeds: SOURCES DOLLAR AMOUNT		17. WILL YOU OPERATE A DIR-APPROVED LABOR COMPLIANCE PROGRAM (LCP) FOR THIS PROJECT?  YES NO		
		18. IS THERE A PROJECT LABOR AGREEMENT (PLA) ASSOCIATED WITH THIS PROJECT? If yes, please email a copy to <a href="mailto:cmupla@dir.ca.gov">cmupla@dir.ca.gov</a>  YES NO		
19. STARTING DATE (ESTIMATED OR ACTUAL)  (MM/DD/YYYY)		20. COMPLETION DATE (ESTIMATED OR ACTUAL)  (MM/DD/YYYY)		
21. BRIEF DESCRIPTION OF WORK TO BE PERFORMED		22  NEW CONSTRUCTION REMODELING  ALTERATION, DEMOLITION, REPAIR OR MAINTENANCE		
23. CLASSIFICATION OR TYPE OF WORKER (CARPENTER, PLUMBER, ETC.) THAT WILL BE EMPLOYED BY THE CONTRACTOR(S)  Please list Sub-contractors and their worker classifications on page 2				
24. Is language included in the Contract Award to effectuate the requirements of sections 1771, 1774, 1775, 1776, 1777.5, 1813, and 1815 of the Labor Code? YES NO				
25. SIGNATURE	26. TITLE	27. DATE		
28. PRINTED OR TYPED NAME	29. E-MAIL ADDRESS	30. TELEPHONE NUMBERS		
If different from above, name, title, and contact information of person responsible for carrying out Awarding Body's LCP or CMU responsibilities.				
31. NAME	32. TITLE	33. E-MAIL ADDRESS	34. TELEPHONE NUMBER	

Duplication of this form is permissible

EXTRACT OF PUBLIC WORKS CONTRACT AWARD (Continued)

Listing of Sub Contractors

Con. Lic. #	Contractor	Classification of workers
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